2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000027331

Entity Name: FIRST STREET GALLERY, INC.

ECHTERNACHT, GLORIA

TALLAHASSEE, FL 32312

3220 SHARER RD

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
204 FIRST HAVANA,	r STREET, NV FL 32333	V US			
Current Mailing Address:			New Mailing Address:		
204 FIRST HAVANA,	r STREET, NV FL 32333	V US			
FEI Number	: 59-3211225	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
3220 SHA TALLAHA: The above	SSEE, FL 323	12 US	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI					
Electronic Signature of Registered Age			gent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	P (ECHTERNACH 3220 SHARER TALLAHASSER	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MARANI, JEAN 3011 MERIDIA TALLAHASSER	N RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (ECHTERNACH 3220 SHARER TALLAHASSER	RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SC () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KENNTH ECHTERNACHT P 04/15/2009